

ADA COORDINATOR

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BAY COUNTY

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County Executive

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Program Accessibility Inquiry Form

Please complete each section of this form to the best of your ability. Type or print clearly.

ABOUT YOU

Name (Optional): _____

Address: _____

City: _____

County: _____

State: _____ Zip: _____

Daytime Telephone: _____

Are you filing this inquiry? (Circle all that apply)

- A. On behalf of yourself as a person with a disability?
- B. On behalf of a family member who has a disability?
(Please describe your relationship): _____
- C. As a person associated with another who has a disability?
(Please describe your relationship): _____
- D. As an interested person?

ABOUT YOUR INQUIRY

Name of Program, Service, Activity, Park or Facility Involved:

Location (of park or facility), if known:

Date & time of occurrence you believe was discriminatory or unfair:

WHAT HAPPENED

Please describe in your words the action by an employee(s), the rule or policy, the service(s) or the condition of a park, area, facility, or structure which you feel is discriminatory or unfair. It is not necessary to refer to laws, regulations, ordinances or policies in your description. (Use additional paper to describe your observations(s) if necessary.)

HOW CAN THE PROBLEM BE CORRECTED

Please describe the action(s) which you feel need to be taken to address the problem.

IS THERE A DEADLINE

Must this problem be addressed before a program begins or an event occurs? Please identify any date which you feel is important to the problem.

PLANNING A CONFERENCE?

The County will contact you within three (3) working days of the date your inquiry is received to schedule a conference to discuss the inquiry. The conference will occur within six (6) working days from the date your inquiry is received. Do you need an accommodation during the conference? (If yes, please describe.)

When are you most available? (Check two)

- ☐ MTW 9:00 – 11:00 a.m. ☐ MTW 2:00 – 4:00 p.m.
☐ ThF 9:00 – 11:00 a.m. ☐ ThF 2:00 – 4:00 p.m.

Thank you for completing the form. We will contact you soon.

PLEASE MAIL THIS FORM TO:

Amber Davis-Johnson, ADA Coordinator
Office of the Bay County Executive
515 Center Avenue, Suite 402
Bay City, MI 48708

For assistance with this form or for information about program accessibility, please call Amber Davis-Johnson at (989) 895-4131 or (989) 895-4049 (TDD).